

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **15921**
Registrar's No. **3521**

FILED APR 18 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3521	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 20 Days		c. CITY OR TOWN St. Louis, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary				e. STREET ADDRESS (If rural, give location) 1118 Destrehan		2269	
3. NAME OF DECEASED (Type or Print) Barbara				a. (First) _____ b. (Middle) _____ c. (Last) Lehmann		4. DATE OF DEATH (Month) 4 (Day) 1 (Year) 53	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 1-10-1872	
9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 1 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? U.S	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Trenton, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S	
13a. FATHER'S NAME Louis Welz		13b. MOTHER'S MAIDEN NAME Magdalena Vaniger		14. NAME OF HUSBAND OR WIFE Frank Lehmann. - Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Dvorak - 1118 Destrehan			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with Arteriosclerotic Heart Disease DUE TO (c) and Arteriosclerotic Brain damage. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from March 12, 1953 to April 1, 1953 , that I last saw the deceased alive on April 1, 1953 and that death occurred at 7:30 P.M. from the causes and on the date stated above.							
23a. SIGNATURE Palmer Romanus Boudier M.D. (Degree or title)				23b. ADDRESS 5800 Arsenal Street.		23c. DATE SIGNED April 1, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-4-1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL APR 3 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Edward Koch-Son		ADDRESS 3516 E. 14th	

E. P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4366

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.